

### **Health Home Data Submission File Layout - PCP**

1. Health Home Number bytes 1-4
2. Designated Provider Number bytes 5-11
3. Billing NPI bytes 12-21
4. Servicing NPI bytes 22-31
5. Taxonomy bytes 32-40
6. Recipient Number bytes 41-49
7. Collection Start Date bytes 50-58
  - a. mmddyyyy
8. Collection End Date bytes 59-66
  - a. mmddyyyy
9. Depression Screening byte 67
  - a. Y = Yes
  - b. N = No
10. Substance Abuse Screening byte 68
  - a. Y = Yes
  - b. N = No
11. New Episode of Alcohol and other Drug Use byte 69
  - a. Y = Yes
  - b. N = No
12. Initiation of Alcohol and other Drug Dependence Treatment byte 70
  - a. Y = Yes
  - b. N = No
13. Engagement of Alcohol and other Drug Dependence Treatment byte 71
  - a. Y = Yes
  - b. N = No
14. Has Asthma? byte 72
  - a. Y = Yes
  - b. N = No
15. Asthma remained on a controller 50% of the treatment period? byte 73
  - a. Y = Yes
  - b. N = No
16. Asthma remained on a controller 75% of the treatment period? byte 74
  - a. Y = Yes
  - b. N = No
17. Has Diabetes? byte 75
  - a. Y = Yes
  - b. N = No
18. Hba1c value byte 76-77 Use a two digit number without the decimal from percentage ie. 8.0 should be 80
19. Hba1c date byte 78-85
  - a. mmddyyyy
20. Diabetes Blood Pressure Systolic value bytes 86-88 (use leading zero if not 3 digits)
21. Diabetes Blood Pressure Diastolic value bytes 89-91 (use leading zero if not 3 digits)

- 22. Blood pressure date byte 92-99
  - a. mmddyyyy
- 23. Has vascular disease byte 100
  - a. Y = Yes
  - b. N = No
- 24. LDL-C Level value byte 101-103 (use a leading zero if not 3 digits)
- 25. BMI byte 104-106 (use a 3 digit number without the period i.e 25.8 should be submitted as 258).
- 26. BMP value bytes 107-109 (use a 3 digit number without the period i.e 85.2 should be submitted as 852).
- 27. Mammogram byte 110
  - a. Y = Yes
  - b. N = No
- 28. Screening for Colorectal Cancer byte 111
  - a. Y = Yes
  - b. N = No
- 29. Has Chronic Pain byte 112
  - a. Y = Yes
  - b. N = No
- 30. Documentation of Pain Assessment byte 113
  - a. Y = Yes
  - b. N = No
- 31. Documentation of Follow-up Plan byte 114
  - a. Y = Yes
  - b. N = No
- 32. Has Hypertension byte 115
  - a. Y = Yes
  - b. N = No
- 33. Blood Pressure Systolic value bytes 116-118 (use leading zero if not 3 digits)
- 34. Blood Pressure Diastolic value bytes 119-121 (use leading zero if not 3 digits)
- 35. Blood pressure date byte 122-129
  - a. mmddyyyy
- 36. Is current medication list in the EHR byte 130
  - a. Y = Yes
  - b. N = No
- 37. Reminder system in place byte 131
  - a. Y = Yes
  - b. N = No
- 38. Has Low Back Pain byte 132
  - a. Y = Yes
  - b. N = No
- 39. Imaging Study done within 28 days of diagnosis byte 133
  - a. Y = Yes
  - b. N = No

40. Referrals tracked byte 134
- a. Y = Yes
  - b. N = No
41. Was Patient Referred? byte 135
- a. Y = Yes
  - b. N = No
42. Was patient discharged from an inpatient facility to home or other site of care? byte 136
- a. Y = Yes
  - b. N = No
43. Was transition record transmitted to the facility or primary physician within 24 hours? byte 137
- a. Y = Yes
  - b. N = No
44. Was the individual hospitalized for a Mental Illness? byte 138
- a. Y = Yes
  - b. N = No
45. Did the recipient have an outpatient visit, an intensive inpatient encounter or partial hospitalization with a mental health provider within 7 days of discharge? Byte 139
- a. Y = Yes
  - b. N = No
46. Was recipient provided educational resources on self management? Byte 140
- a. Y = Yes
  - b. N = No
47. Was recipient/family counseled to adopt health behaviors associated with disease risk? Byte 141
- a. Y = Yes
  - b. N = No
48. Was the recipients medication, laboratory and radiology orders recorded using CPOE? Byte 142
- a. Y = Yes
  - b. N = No
49. Did the recipient have a visit during the reporting period? Byte 143
- a. Y = Yes
  - b. N = No
50. Total number of active HH participants? Byte 144-146 (use leading zero if not 3 digits.
51. How many appointments did the recipient miss during the reporting period? Byte 147-148 (Use leading zero if 1-9)
52. Was this recipient referred for additional support services? Byte 149
- a. Y = Yes
  - b. N = No
53. Was self-management abilities documented for this recipient? Byte 150
- a. Y = Yes
  - b. N = No

54. Were Self-Management tools provided to this recipient? Byte 151
- a. Y = Yes
  - b. N = No
55. Can your health home exchange key clinical information electronically? Byte 152
- a. Y = Yes
  - b. N = No
56. Has this individual been referred to a specialist or another provider? Byte 153
- a. Y = Yes
  - b. N = No
57. Was a summary of care provided electronically to those providers the recipient where the recipient was referred? Byte 154
- a. Y = Yes
  - b. N = No
58. Satisfaction Survey – Number of questions with the top two scores as an answer byte 155-156 (use a leading zero for 1-9)
59. Total number of questions on Satisfaction Survey byte 157-158 (Use leading zero for 1-9)
60. BYTES 159-173 blank